			HOLLE HEALTH AND WELLEADS	62-013	060
DO NOT WRITE ON THIS STUB	AMENI		Registration District No. 318 Primary Registration District 003 Registrar's No. 21913	STATE FILE NUM	ABER
			1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased live	red. If institution: R	
VS 300	뎵		a. STATE Missouri County		admission)
Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stey in 1b C. CITY OR OR		Inside Limits
	¥	11	TOWN St. Louis years TOWN St. Louis		Yes 🙀 No 🗆
-	<u> </u>		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, HOSPITAL OR OFF TO THE ADDRESS	give location)	Reside on Farm
² 20	g Mal		HOSPITAL OR 2055 E. De Soto Avenue	Avenue	Yes 🗆 No 🔀
3		$\top \overline{1}$	1 /T	onth Day	Year
			Rose H Overstreet DEATH Marc	h 11 196	52
4 /			5. SEX 6. COLOR OR RACE 7. Married Never Married B. DATE OF BIRTH 9. AGE (last birthday)		IF UNDER 24 HR Hours Min.
.5 /			female white Widowed 🖫 Divorced 🗆 8-28-1899 62]]
6	اار	1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country, during most of working life, even if retired)		WHAT COUNTRY
	١١١	111	Seamstress of working life, even if retired) Tobey Lane Mfg. Co St. Louis, Missouri	U.S.A.	
7 0	FOLLOW			HUSBAND OR WIFE	
	_	1	Adam Martak Lena Chaly dece 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
	∛ ¥	1	(Yes no as unknown) I (If yes give war or dates of service		
9	ARE	1 _	10 CAUSE OF BEATH (Fater and any and line 4	rair St.,	ERVAL BETWEEN
10	_		18. CAUSE OF DEATH (Enter only one cause per line f	1,44	ISET AND DEATH
11	용병		IMMEDIATE CAUSE (a) July Curmontoloso		nouth
	RECORD AD OF	DOCUMENT			•
12/20-0			Conditions, if any, which gave rise to		
13	INST		above cause (a), stating the under-		
		T	tying cause last.) DOE TO (c)		
91	ō	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	III. If deceased v there a pregnan	was female was cy in last 90 days.
19	\$		<u> 5 </u>	☐ Yes Ø N	lo Unknown
90			19. WAS AUTOPSY PERFORMED? YES NO 25.	in PART I or PART II	of item 18.)
RIBBON	₹		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
BLACK INK OR RITER RIBBG			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK farm, factory, street, office bidg., etc.)	COUNTY	STATE
-			WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK		
A S E	READ		21. I attended the deceased from: 1/9/622 to 2/19/62 and last saw her slive on.	2/19/62	
18 E			Death occurred at 11 a m on the data stated above, and to the best of my known		uses stated.
USE		ட	20 ALCHAYURE A (Dergas or sitts) 22h ADDRESS		22c. DATE SIGNED
USE BLAC OR YPEWRITER	SHOULD	0	Manch A. (- The M. D. 2825 N. Bowly	CH. L. d	3/12/62
-		<u> </u>	The state of the s	wn, or county)	(State)
	ġ	<u>Q</u>	1.6000141 16	s, Missou	ਜੀ
	 	AFFID,	Burial March 14,1962 Friedens Cemetery St. Louis ADDRESS PATE RECD. BY LOCAL REG. TREGUTRARY Math Hermann & Son, Inc., 2161 E. air Ave MAR 13 1082	SIGNATURE	
	ITEM	l	Math Hermann & Son, Inc., ADDRESS E. Fair Ave MAR 13 1982	rith: 17.	V.

STATEMENT BY LICENSED EMBALMER

Contract of the Source

or by	, Student Embalmer No
working under my personal supervision.	Med by Mit
Signature of Student Embalmer	Signed Claw W. / Vala
	Licensed Embalmer Nov3737
	P. O. Address Voui heo

If this body is not embalmed, fact should be so stated above.